# IAP5 Rec'd PCT/PTO 2 9 MAR 2006

### **Application Data Sheet**

**Application Information** 

Application Type:: Regular

Subject Matter:: Utility

Suggested classification:: NONE

Suggested Group Art Unit:: NONE

CD-ROM or CD-R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: YES

Number of copies of CRF::

Title:: ALPHA INTERFERON VARIANTS

Attorney Docket Number:: 040989/309915

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: NONE

Total Drawing Sheets:: 2 (transmitted with International Application)

Small Entity:: Yes

Petition Included?:: No

Petition Type:: NONE

Licensed US Govt. Agency:: NO

Contract or Grant Numbers:: NONE

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lynn

Family Name:: Dickey

Name Suffix::

City of Residence:: Cary

State or Province of Residence:: NC

Country of Residence:: US

Street of mailing address:: 111 Buckden Place

City of mailing address:: Cary

State or Province of mailing address:: NC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 27511

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Family Name:: Gasdaska

Name Suffix::

City of Residence:: Carrboro

State or Province of Residence:: NC

Country of Residence:: US

Street of mailing address:: 102 Lisa Drive

City of mailing address:: Carrboro

State or Province of mailing address:: NC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 27510

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kevin

Family Name:: Cox

Name Suffix::

City of Residence:: Raleigh

State or Province of Residence:: NC

Country of Residence:: US

Street of mailing address:: 1916 Sunset Drive

City of mailing address:: Raleigh

State or Province of mailing address:: NC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 27608

**Correspondence Information** 

Correspondence Customer Number:: 00826

**Representative Information** 

Representative Customer Number:: 00826

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/011965	04/16/04
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### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
US	10/675,011	9/30/2003	YES

## **Assignee Information**

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Assignee name:: Biolex, Inc.

Street of mailing address:: 158 Credle Street

City of mailing address:: Pittsboro

State or Province of mailing address:: NC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 27312

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